

**DEPARTMENT OF INSURANCE****STATE OF ARIZONA***Financial Affairs Division – Tax Unit*2910 North 44th Street, Suite 210

Phoenix, Arizona 85018-7269

Phone: (602) 364-3998

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**Arizona Licensed Surplus Lines Broker (Firm)
Registration for Electronic (ACH Credit) Tax Payments**

A firm that holds an **Arizona** Surplus Lines Broker license and chooses to remit semi-annual Surplus Lines Tax payments via **ACH credit** delivery must complete and return this form.

If you have any questions, contact:

Kelly Stephens, Compliance Section Manager at kstephens@id.state.az.us or (602) 364-3964.

This form must be completed and returned to (received by) the Department at the address shown above **before** ACH payments commence. Participants **MUST** follow the file setup instructions in **Form E-ACH.INSTRUCTION** exactly.

ARIZONA LICENSE #**FEIN #****Does this firm wish to send a \$0.01 pre-note prior to its first tax payment?**YES ☐NO ☐

If YES, indicate anticipated setup date for \$0.01 test:

FIRM NAME:**MAILING ADDRESS:**

Address

Contact Person:**Contact Telephone #:****Contact E-Mail:**

X

Signature of Officer

Date

X

Name And Title (Type Or Print)